

ASAM PPC-2R RISK RATING CROSSWALK

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders

		0	1	2	3	4
1 Acute Intoxication and/or Withdrawal Potential		Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support, not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).
2 Biomedical Conditions and Complications		Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 Emotional, Behavioral or Cognitive (EBC) Conditions and Complications		Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology, requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 Readiness to Change		Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of their illness and its implications. Unable to follow-through with recommendations.
<i>Mental Health</i>				<i>Mental Health</i>	<i>Mental Health</i>	<i>Mental Health</i>
1 Willingly engaged in tx as a proactive, responsible participant; willing to change mental functioning & behavior.				Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. Ex: <i>ambivalent about taking meds but generally follows tx recommendations.</i>	Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. Ex: <i>variable attendance to therapy or with taking medication.</i>	A. No immediate Action Required: Unable to follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.
2 Unwilling to explore change, knows very little about addiction, and is in denial of their illness and its implications. Unable to follow-through with recommendations.				Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. Ex: <i>variable attendance to therapy or with taking medication.</i>	B. Immediate Action Required: Unable to follow through with recommendations. Behavior represents an imminent	B. Immediate Action Required: Unable to follow through with recommendations. Behavior represents an imminent



- **Level III Residential Treatment** typically has a one "3" or "4" in Dimension 1, 2 or 3; and an additional "3" or "4" in Dimensions 1 through 6. For dimension 1, risk rating of "3" or "4" within past 2 weeks.

- **Level II Partial Hospitalization** typically has a risk rating of "1" or "0" in Dimension 1; a "2" or "3" in Dimension 2; a "2 or 3" in Dimension 3; and one "3 or 4" in Dimensions 4 through 6.

- **Level II Intensive Outpatient** typically has a "0" or "1" in Dimensions 1 and 2; a "1 or 2" in Dimension 3; and a "3" or "4" in Dimension 4, 5, or 6.

- **Level I Outpatient treatment** typically has a risk rating of "0" or "1" in all Dimensions.

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need and plans interventions accordingly. Severity can be determined on a scale of 0 to 4; the higher the rating, the greater the need for immediate action or focus with the client.¹

The assessor determines the score based on a review of functioning of the relevant Dimensions. As an example, when considering mental status (Dimension 3), a client who has good impulse control would have a severity rating of 0 whereas another client who is impulsively suicidal and hopeless and has a history of recent attempts would have a severity rating of 4.

The experimental matrix format in figure 5 is used to determine the severity rating in each Dimension, which is then used to match the client's needs to specific treatment services. The higher the severity rating, the greater the need for more intensive care in Dimensions 1, 2, and 3. In Dimensions 4, 5, and 6, the higher the severity rating, the greater the need for immediate action.

A dimensional assessment process is a way to collect client data. The six Dimensions in figure 5 invite the assessor to look at the client's life with a specific focus on issues such as family, cultural issues, developmental processes, home environment, and so on. For example, an adolescent male with substance abuse issues may have depressive symptoms related to his living environment due to parental substance abuse (Dimension 3) and a peer group that affects his ability to enter into recovery (Dimension 6). His parents' substance abuse is severe, and he is living in a home with frequent visitors wanting drugs, visits from local authorities, and so on, causing an emotional and behavioral reaction from the adolescent resulting in depression. The client escapes to his friends at school, who smoke cigarettes on break and invite him to use marijuana on weekends. In this scenario, the counselor is going to be more concerned

FIGURE 5
Youth and Adult Risk Rating Severity Matrix²

SEVERITY RATING	0	1	2	3	4
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	Fully functioning, no signs of intoxication or withdrawal present	Mild to moderate ability to tolerate/cope with withdrawal	Difficulty tolerating/coping with withdrawal	Poor ability to tolerate/cope with withdrawal	Incapacitated with severe signs and symptoms
DIMENSION 2 Biomedical Conditions and Complications	Fully functioning and able to cope with any physical discomfort or pain	Mild to moderate ability to tolerate/cope with physical discomfort/pain	Difficulty tolerating/coping with physical discomfort/pain	Poor ability to tolerate/cope with physical discomfort/pain	Incapacitated with severe medical problems
DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications	Good impulse control and coping skills on sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness)	Adequate impulse control and coping skills on all sub-domains, especially related to harming self and/or others (see page 44 for sub-domain descriptions)	Difficulty managing symptoms on all sub-domains, frequent symptoms and needs	Poor ability to control impulses, lack of coping skills to control harm to self and/or others	Severe psychiatric symptoms, high risk of harm to self and/or others

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Youth and Adult Risk Rating Severity Matrix (continued)

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Severity Rating	0	1	2	3	4
DIMENSION 4 Readiness to Change	Willing, engaged in treatment exploring, able to reluctant to agree to treatment change, not engaged in treatment, low intervention, not engaged in or not engaged in or not in danger of harm action needed— (4a) No immediate readiness to change	Willing, engaged in treatment exploring, able to reluctant to agree to treatment change, not engaged in treatment, low intervention, not engaged in or not in danger of harm action needed— (4b) Immediate readiness to change	Readiness to Change in treatment exploring, able to reluctant to agree to treatment change, not engaged in treatment, low intervention, not engaged in or not in danger of harm action needed— (4c) No immediate readiness to change	Readiness to Change in treatment exploring, able to reluctant to agree to treatment change, not engaged in treatment, low intervention, not engaged in or not in danger of harm action needed— (4d) Immediate readiness to change	Readiness to Change in treatment exploring, able to reluctant to agree to treatment change, not engaged in treatment, low intervention, not engaged in or not in danger of harm action needed— (4e) Immediate readiness to change
DIMENSION 5 Relapse, Continued Use, or Continued Problem	Low or no potential for relapse, good coping skills (4a) No immediate action needed— action needed— high risk of harm to self and/or others, unable to function, needs stabilization action needed— action needed— high risk of harm to self and/or others, unable to function, needs stabilization	Minimal relapse potentially, fair ability to care for self recognize relapse skills to avoid relapses self-manage with skills to cope with addiction, no skills to cope danger of self-harm	Minimal relapse potentially, good coping skills (4a) No immediate action needed— action needed— high risk of harm to self and/or others, unable to function, needs stabilization action needed— action needed— high risk of harm to self and/or others, unable to function, needs stabilization	Minimal relapse potentially, good coping skills (4a) No immediate action needed— action needed— high risk of harm to self and/or others, unable to function, needs stabilization action needed— action needed— high risk of harm to self and/or others, unable to function, needs stabilization	Potential Relapse, Continued Use, or Continued Problem

Youth and Adult Risk Rating Severity Matrix continued

Adolescent ASAM Criteria 2001 Cliff Notes		Outpatient Treatment	Intensive Outpatient Treatment (IOP/SOPs)	Partial Hospitalization
		Level I *Generally < 6 hours/wk	Level II.1 *Generally 6+ hours/wk	Level II.5 *Generally 20+hours/wk
Dimension 1 Alcohol Intoxication and/or Withdrawal Potential	None	Mild OR is at risk of withdrawal	Mild OR is at risk of withdrawal	Mild OR is at risk of withdrawal
Dimension 2 Biomedical Conditions and Complications	None or Mild	Distracts from treatment in a lower level of care.	Distracts from treatment in a lower level of care.	None or Mild Distracts from treatment in a lower level of care.
Dimension 3 Emotional, Behavioral or Cognitive Conditions and Complications	Status is characterized by ALL of the following: a, b, c, d, & e	Status features One or More of the following: a, b, c, d, & e	Status features One or More of the following: a, b, c, d, & e	Status features One or More of the following: a, b, c, d, & e
a) Dangerousness/Lethality	None	Mild Is safe between sessions	Mild Is safe overnight	Mild Is safe overnight
b) Interference With Addiction Recovery Efforts	Mild	This level of care required to support treatment engagement	Moderate This level of care required to support treatment engagement	Moderate This level of care required to support treatment engagement
c) Social Functioning	None to Mild Impairment	Mild to Moderate but can sustain responsibilities	Moderate but can sustain responsibilities	Moderate Moderate but can sustain responsibilities
d) Ability For Self-Care *Activities of Daily Living	Mild but there is significant risk of deterioration	Mild to Moderate and requires frequent monitoring or interventions	Moderate History combined with current situation predicts need for frequent monitoring or interventions	Moderate History combined with current situation predicts need for almost daily monitoring or interventions
e) Course Of Illness *What can we tell from their history, patient has a pattern of...	Mild (imminent) risk which predicts a need for some monitoring or interventions	Moderate History combined with current situation predicts need for frequent monitoring or interventions	Moderate Requires close monitoring and support several times/wk to promote progress because of variable treatment engagement or a lack of recognition of the need for assistance.	Moderate Requires almost daily structure to promote progress because of poor treatment engagement, escalating use and impairment or lack of recognition of the role of substances in their present problems.
Dimension 4 Readiness to Change	Willing to engage in treatment and is at least contemplating change, but needs motivating and monitoring strategies.			Moderate Needs almost daily monitoring & support because of a significant risk of relapse or continued use & deterioration in level of functioning. Poor relapse prevention skills.
Dimension 5 Relapse, Continued Use or Continued Problem Potential	Needs limited support to maintain abstinence or control use and to pursue recovery goals.			Moderate Needs almost daily monitoring & support because of a significant risk of relapse or continued use & deterioration in level of functioning. Minimal relapse prevention skills.

Adolescent ASAM Criteria 2001 Cliff Notes		Outpatient Treatment	Intensive Outpatient Treatment (IOP/SOPs)	Partial Hospitalization
		Level I	Level II.1	Level II.5
		*Generally < 6 hours/wk	*Generally 6+ hours/wk	*Generally 20+ hours/wk
Dimension 6 Recovery Environment	Family/Environment can support recovery with limited assistance.	Moderate	Environment is impeding their recovery. Requires close monitoring and support to overcome that barrier.	Environment renders recovery unlikely without almost daily monitoring and support or frequent relief from his or her home environment.

*Summary based on ASAM Patient Placement Criteria, Second Edition-Revised, (Crosswalk) Page 191-193

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Adolescent ASAM Criteria 2001 Cliff Notes	Clinical Managed Medium Intensity Residential	Medical Monitored High Intensity Residential Inpatient	Medically Managed Intensive Inpatient
	Therapeutic Community Residential/Rehab	IP Rehab IP Residential/ Level III.5	Inpatient Detox 23 Hour Bed Level IV
		*Require (1) from <i>D1-3 & D4-6 Be Met</i>	
Dimension 1 Alcohol Intoxication and/or Withdrawal Potential	Mild or Moderate withdrawal (or at risk of) <i>but does not need</i> pharmacological management or frequent medical/nursing monitoring	Moderate to Severe Withdrawal or Risk but is manageable at III.7	Severe Withdrawal or Risk Requires intensive active medical management
Dimension 2 Biomedical Conditions and Complications	None or Mild Receiving medical monitoring as needed	Moderate Requires medical monitoring but not intensive treatment	Severe Requires 24hr medical/nursing care
Dimension 3 Emotional, Behavioral or Cognitive Conditions and Complications	Status features One or More of the following: a, b, c, d & e	Status features One or More of the following: a, b, c, d & e	Status features One or More of the following: a, b, c, d & e
a) Dangerous/Lethality	Moderate but stable risk of harm, and thus needs medium-intensity, 24hr monitoring or treatment for safety	Moderate Needs high-intensity 24hr monitoring or treatment, or secure containment, for safety	Severe
b) Interference with Addiction Recovery Efforts	Moderate to Severe Requires medium-intensity residential treatment to support engagement	Severe Requires high-intensity residential treatment to support engagement	Very Severe Almost overwhelming and renders them incapable of participating in treatment at a less intensive level of care
c) Social Functioning	Moderate to Severe Cannot be managed at a less intensive level of care	Severe Cannot be managed at a less intensive level of care	Very Severe Dangerous impairment and requires frequent medical/nursing interventions
d) Ability for Self-Care	Moderate to Severe Requires 24hr supervision and medium-intensity staff assistance	Severe Requires 24hr supervision and high-intensity staff assistance	Very Severe Requires frequent medical/nursing interventions
Adolescent ASAM Criteria 2001*Cliff Notes	Level III.5 Residential Rehab	Level III.7 IP Rehab/IP Residential	Level IV IP Detox/23 Hour Bed

e) Course of Illness *What can we tell from their history, patient has a pattern of...	Moderate	Moderate to Severe History combined with current situation predicts destabilization without high-intensity residential treatment	Severe History combined with current situation predicts destabilization without inpatient medical management
	Moderate Readiness to Change	Moderate or Severe Needs intensive motivating strategies in a 24hr structured program to address minimal treatment engagement or opposition to treatment, and/or their lack of recognition of current severe impairment	Problems in Dimension 4 do not qualify for Level IV services
Dimension 4 Readiness to Change	Moderate or Severe Needs intensive motivating strategies in a 24hr structured program to address minimal treatment engagement or opposition to treatment, and/or their lack of recognition of current severe impairment	Problems in Dimension 4 do not qualify for Level IV services	Problems in Dimension 5 do not qualify for Level IV services
	Moderate or Severe Relapse, Continued Use or Continued Problem Potential	Unable to interrupt a high severity or high frequency pattern of use and avoid dangerous consequences without high-intensity 24hr interventions (because of an emotional, behavioral or cognitive condition, severe impulse control problems, withdrawal symptoms, and the like)	Problems in Dimension 6 do not qualify for Level IV series
Dimension 5 Relapse, Continued Use or Continued Problem Potential	Moderate or Severe Unable to control use and avoid serious impairment without a 24hr structured program because he/she is unable to overcome environmental triggers or cravings; or has insufficient supervision between encounters at a less intensive level of care; or has a high chronicity and/or poor response to treatment	Unable to interrupt a high severity or high frequency pattern of use and avoid dangerous consequences without high-intensity 24hr interventions (because of an emotional, behavioral or cognitive condition, severe impulse control problems, withdrawal symptoms, and the like)	Problems in Dimension 6 do not qualify for Level IV series
	Moderate or Severe Recovery Environment	Environment is dangerous to his/her recovery, so that he/she requires residential treatment to promote recovery goals or for protection.	Environment is dangerous to their recovery, and they require residential treatment to promote recovery goals or for protection, and to help them establish a successful transition to a less intensive level of care.
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